

Preventive Health Guidelines



Revised June 2005



**BlueCross BlueShield
of Delaware**

A CareFirst Company

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Dear Valued Member:

Blue Cross Blue Shield of Delaware (BCBSD) is pleased to provide you with our Preventive Health Guidelines. These guidelines, categorized by age group, outline suggested tests and preventive screenings. Recommendations are based upon information supplied by the Centers for Disease Control and Prevention, the Advisory Committee on Immunization Practices, the American Academy of Family Physicians and the American Academy of Pediatrics.

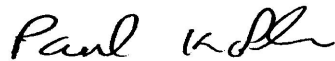
*The Preventive Health Guidelines are routinely updated to reflect current medical recommendations and are also available on our website, **bcbsde.com**. Just enter the Customers section on our website and click on the link for Guidelines for preventive health screenings.*

We suggest you review these guidelines with your family physician. Because these guidelines are recommendations only, your physician may advise differently; in which case, it's best to follow his or her medical judgment. If your physician recommends a different timetable or prescribes tests or screenings that are not listed in these guidelines, we encourage you to verify that these procedures will be covered under your health plan.

To check whether your plan covers screenings or counseling recommendations, please call the Customer Service number listed on your BCBSD identification card or refer to your benefits materials.

We hope that these Preventive Health Guidelines will be a valuable resource to assist you and your family in your efforts to stay healthy.

Yours truly,

A handwritten signature in black ink, appearing to read "Paul Kaplan".

Paul Kaplan, MD
Chief Medical Officer

0-18 months

SCREENING

Frequency of Visits

- Exam at two weeks of age, especially for babies who are breast-fed
- Exams at 1, 2, 4, 6, 9, 12, 15 and 18 months

Screenings/Tests

- Length and weight; head circumference; tobacco exposure; subjective vision and hearing; age-appropriate developmental screenings
- Phenylalanine, T4/TSH (first week)
- Hemoglobin/hematocrit (once by 9 months)
- Lead: risk assessment questionnaire starting at 6 months; blood lead test at 12 months or 6 months if at risk
- Tuberculosis screening (3–12 months)
- HIV: screening for infants born to mothers whose HIV status is unknown
- Hepatitis C: screening for high-risk children

Immunizations

- Hepatitis B: birth, 1 and 6 months
- DTaP (Diphtheria, Tetanus, Pertussis): 2, 4, 6 and between 15 and 18 months
- Polio (IPV): 2, 4 and between 6 and 18 months
- Hib (*Haemophilus Influenza*): 2, 4, 6 and between 12 and 15 months (some vaccines require only three doses)
- MMR (Measles, Mumps, Rubella): once between 12 and 15 months
- Varicella (Chickenpox): once between 12 and 18 months
- Pneumococcal: 2, 4, 6, and between 12 and 15 months
- Influenza vaccine: annually for children 6–23 months of age

COUNSELING

Diet and Exercise

- Breast-feeding
- Importance of nutrients, especially iron-rich foods

Injury Prevention

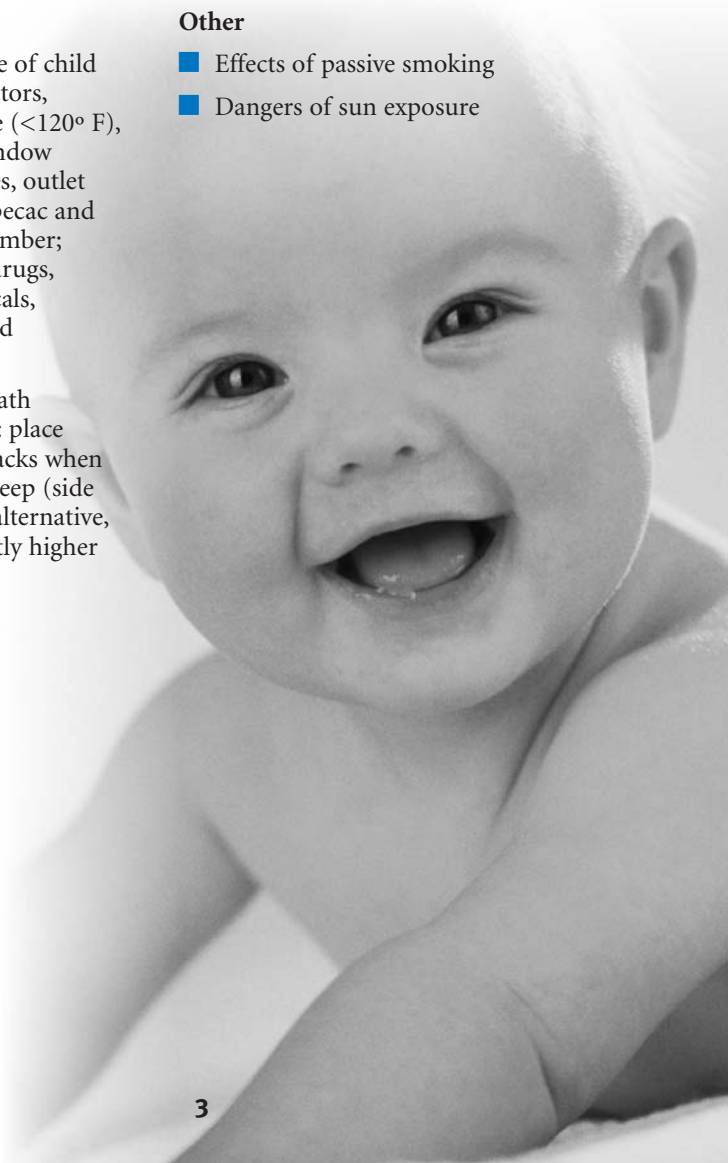
- Safety: importance of child seats, smoke detectors, water temperature ($<120^{\circ}\text{F}$), stairway gates, window guards, pool fences, outlet covers, syrup of ipecac and poison control number; education about drugs, household chemicals, electrical cords and domestic violence
- Sudden Infant Death Syndrome (SIDS): place infants on their backs when putting them to sleep (side positioning is an alternative, but carries a slightly higher risk of SIDS)

Dental Health

- Risk of baby bottle tooth decay
- Toothbrushing beginning at 6 months

Other

- Effects of passive smoking
- Dangers of sun exposure



19 months - 4 years

SCREENING

Frequency of Visits

- Exams at 2, 3 and 4 years old

Screenings/Tests

- Height and weight; screen for obesity — calculate and record BMI (Body Mass Index) starting at age 2; head circumference (up to 24 months); subjective vision at age 2; subjective hearing at age 3; objective vision at ages 3 and 4; blood pressure after age 3; objective hearing at age 4; eye exam for amblyopia and strabismus; urinalysis for bacteriuria; age-appropriate developmental screenings
- Cholesterol level: at any age if high-risk with family history; once at age 4 if not at risk
- Lead: annual risk assessment by questionnaire for children 2–6 years old; blood lead test at 2 years
- Tuberculosis: annual screening for high-risk children
- Hepatitis C: screening for high-risk children

Immunizations

- DTaP (Diphtheria, Tetanus, Pertussis): once between 4 and 6 years old
- Polio (IPV): once between 4 and 6 years old
- MMR (Measles, Mumps, Rubella): once between 4 and 6 years old
- Pneumococcal: doses at 2, 4 and 6 months old and a booster before age 5 (number of doses varies with starting age)
- Hepatitis A: for high-risk children
- Influenza vaccine: annually for children 6–23 months of age
- Annual influenza vaccine for children 24 months and older with certain risk factors (including, but not limited to, asthma, cardiac disease, sickle cell disease, HIV and diabetes)

COUNSELING

Diet and Exercise

- Limit sweets and between-meal snacks
- Eat more iron-rich foods
- Limit sodium intake
- Promote age-appropriate physical activities

Injury Prevention

- Safety: importance of child seats, smoke detectors, water temperature ($<120^{\circ}\text{F}$), stairway gates, window guards, pool fences, outlet covers, syrup of ipecac and poison control number; education about drugs, household chemicals and electrical cords
- Warnings about strangers, bicycle safety and bicycle helmets

Dental Health

- Toothbrushing
- Dental visits beginning at age 3

Other

- Effects of passive smoking
- Dangers of sun exposure
- Counsel about domestic violence



5-12 years

SCREENING

Frequency of Visits

- Exams at 5, 6, 8, 10, 11 and 12 years old

Screenings/Tests

- Height and weight; screen for obesity — calculate and record BMI (Body Mass Index); blood pressure; tobacco exposure/use; pubertal status; objective vision and hearing at ages 5, 6, 8, 10 and 12; subjective vision and hearing at age 11; diabetes screening as clinically indicated beginning at age 12; age-appropriate developmental screenings
- Cholesterol level: for high-risk children with family history
- Chlamydia, gonorrhea and HIV: annual screening of all sexually active adolescents and other at-risk persons, even if asymptomatic, beginning at age 11
- Lead: annual risk assessment by questionnaire for children 2–6 years old
- Hemoglobin/hematocrit: one screening between 11 and 21 years old
- Rubella: screening for susceptibility in all females of childbearing age (screen by history of vaccination or serology)
- Tuberculosis: annual screening for high-risk children
- Hepatitis C: screening for high-risk children
- Blood sugar level: annual screening beginning at 12 years old

Immunizations

- DTaP (Diphtheria, Tetanus, Pertussis): once between 4 and 6 years old
- Polio (IPV): once between 4 and 6 years old
- MMR (Measles, Mumps, Rubella): once between 4 and 6 years old; if that dose was not given, once between 11 and 13 years old
- Td (Tetanus): one booster between 11 and 12 years old and repeat every 10 years thereafter
- Hepatitis B: between 11 and 13 years old, three shots in a 9-month period if not previously immunized
- Varicella (Chickenpox): twice between 11 and 13 years old if not previously immunized or if no history of chickenpox
- Influenza: annually if at risk (examples — COPD, ASHD, cystic fibrosis, TB, bronchiectasis, silicosis, emphysema, chronic bronchitis, asthma, chronic respiratory disease and/or diabetes)
- Hepatitis A: for high-risk children
- Meningococcal: vaccine recommended for the following groups: children between 11 and 12 years old, teens entering high school or college freshmen living in dormitories

COUNSELING

Diet and Exercise

- Limit fat, cholesterol, sweets and between-meal snacks
- Promote age-appropriate physical activities
- Limit television and computer/video games to promote physical activity

Injury Prevention

- Safety: importance of smoke detectors, safety belts, helmets and protective padding; education about drugs, household chemicals, firearms and matches

Dental Health

- Toothbrushing and regular dental visits
- Fluoride supplements from age 6 if not adequate water fluoridation

Substance Abuse

- Discourage use of alcohol, drugs and tobacco
- Promote cessation of alcohol, drug and tobacco use, if appropriate

Sexual Practices

- Sex education discussions, if appropriate

Other

- Dangers of sun exposure
- Counsel about domestic violence

13-17 years

SCREENING

Frequency of Visits

- Annual exam

Screenings/Tests

- Height and weight; screen for obesity — calculate and record BMI (Body Mass Index); blood pressure; pubertal status; behavior assessment; assess risk of depression/suicide; subjective vision and hearing at ages 13, 14, 16 and 17; objective vision and hearing at ages 15 and 18; diabetes screening as clinically indicated
- Cholesterol level: for high-risk patients with family history
- Urinalysis
- Cervical cancer: screening (or Pap smear) by age 21 or within 3 years of onset of sexual activity
- Chlamydia, gonorrhea and HIV: annual screening of all sexually active adolescents and other at-risk persons, even if they are asymptomatic
- Hemoglobin/hematocrit: once between ages 11 and 21
- Rubella: screening for susceptibility in all females of childbearing age (screen by history of vaccination or serology)
- Tuberculosis: annual screening for high-risk individuals
- Hepatitis C: screening for high-risk individuals
- Blood sugar level: annual screening

Immunizations

- MMR (Measles, Mumps, Rubella): once between 11 and 13 years old if not given between 4 and 6 years old
- Td (Tetanus): one booster between 11 and 12 years old (ages 13–18 for catch-up shots) and repeat every 10 years thereafter
- Hepatitis B: between 11 and 13 years old, three shots in a 9-month period if not previously immunized
- Varicella (Chickenpox): twice between 11 and 13 years old if not previously immunized or if no history of chickenpox
- Influenza: annually if at risk (examples — COPD, ASHD, cystic fibrosis, TB, bronchiectasis, silicosis, emphysema, chronic bronchitis, asthma, chronic respiratory disease, diabetes and/or health care workers)
- Hepatitis A: for high-risk individuals
- Meningococcal: vaccine recommended for the following groups: children between 11 and 12 years old, teens entering high school or college freshmen living in dormitories

Eye Exams

- Dilated eye exam: every 10 years from ages 13 to 40 or annually for diabetics

COUNSELING

Diet and Exercise

- Limit high-fat foods (especially saturated fat)
- Eat more high-fiber, iron-rich (females) and calcium-rich foods
- Limit sodium intake
- Promote age-appropriate physical activities
- Limit television and computer/video games to promote physical activity

Injury Prevention

- Use of safety belts, helmets and protective padding
- Avoiding violent behavior
- Smoke detectors
- Risk of noise-induced hearing loss

Dental Health

- Toothbrushing, flossing and regular dental visits

Substance Abuse

- Discourage use of alcohol, drugs and tobacco
- Promote cessation of alcohol, drug and tobacco use, if appropriate
- Dangers of driving and other activities while under the influence

Sexual Practices

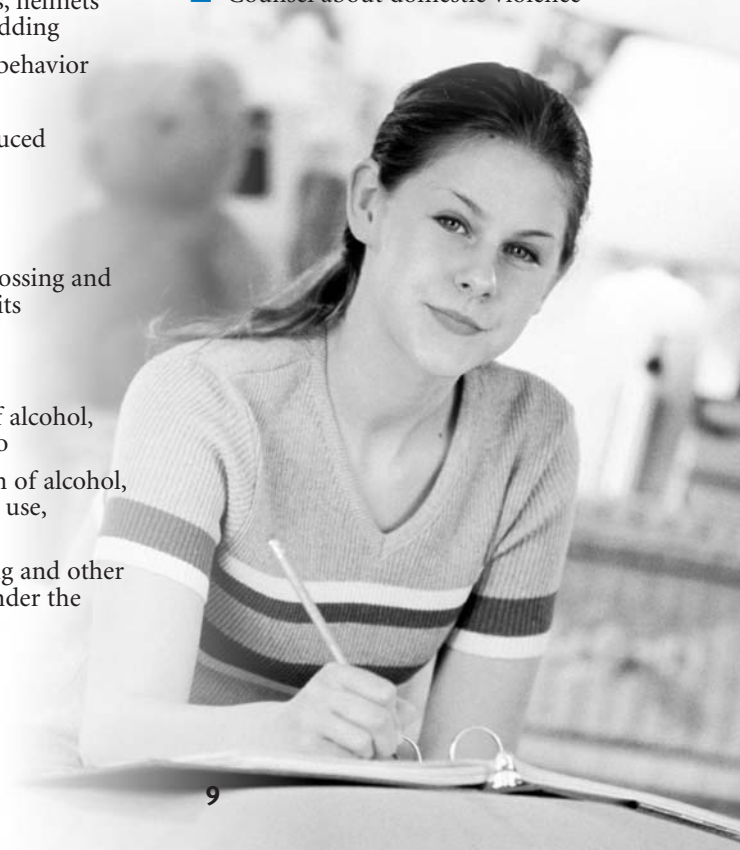
- Sexually transmitted disease, safe sexual practices, unintended pregnancy and contraception
- Sexual development and behavior

Cancer Prevention

- Breast self-exam instruction for females
- Testicular self-exam instruction for males

Other

- Dangers of sun exposure
- Counsel about domestic violence



18-21 years

SCREENING

Frequency of Visits

- Annual exam

Screenings/Tests

- Height and weight; screen for obesity — calculate and record BMI (Body Mass Index); blood pressure; pelvic exam and clinical breast exam for females; clinical testicular exam for males; objective vision and hearing at age 18; subjective vision and hearing between ages 19 and 21; retinal exam for high-risk individuals with diabetes; tobacco exposure and use; diabetes screening as clinically indicated
- Total blood cholesterol: every 5 years
- Cervical cancer: screening (or Pap smear) by age 21 or within 3 years of onset of sexual activity; then every 3 years after two consecutive normal tests in low-risk population (low-risk are women who have first sexual intercourse after age 18, first childbearing after age 21 and fewer than 3 sexual partners per lifetime)
- Mammogram: for high-risk or symptomatic females
- Chlamydia, gonorrhea and HIV: annual screening of all sexually active adolescents and other at-risk persons, even if they are asymptomatic
- Rubella: screening for susceptibility in all females of childbearing age (screen by history of vaccination or serology)
- Tuberculosis: annual screening for high-risk individuals
- Hepatitis C: screening for high-risk individuals
- Blood sugar level: annual screening

Immunizations

- Td (Tetanus): catch-up shots between age 13 and 18 and repeat every 10 years thereafter
- Influenza: annually if at risk (examples — COPD, ASHD, cystic fibrosis, TB, bronchiectasis, silicosis, emphysema, chronic bronchitis, asthma, chronic respiratory disease, diabetes and/or health care workers)
- Meningococcal: vaccine recommended for the following groups: children between 11 and 12 years old, teens entering high school or college freshmen living in dormitories
- Hepatitis A and B: for high-risk individuals
- MMR (Measles, Mumps, Rubella): for individuals without proof of immunity
- Varicella (Chickenpox): assess immune status
- Pneumococcal: one-time dose for individuals at risk or re-vaccination for individuals at risk who were vaccinated more than five years ago

Eye Exams

- Dilated eye exam: every 10 years from ages 13 to 40 or annually for diabetics

COUNSELING

Diet and Exercise

- Limit high-fat foods (especially saturated fat)
- Eat more high-fiber, iron-rich (females) and calcium-rich foods
- Limit sodium intake
- Eat more foods high in folic acid for females of childbearing age
- Participate in routine and frequent physical activity/exercise

Injury Prevention

- Use of safety belts, helmets and protective padding
- Avoiding violent behavior
- Smoke detectors
- Safety precautions when using household equipment

Dental Health

- Toothbrushing, flossing and regular dental visits

Substance Abuse

- Discourage use of alcohol, drugs and tobacco
- Promote cessation of alcohol, drug and tobacco use, if appropriate
- Dangers of driving and other activities while under the influence

Sexual Practices

- Sexually transmitted disease, safe sexual practices, unintended pregnancy and contraception
- Sexual development and behavior
- Periodic counseling about effective contraceptive methods for all men and women at risk for unintended pregnancy

Cancer Prevention

- Breast self-exam instruction for females
- Testicular self-exam instruction for males

Other

- Dangers of sun exposure
- Counsel about domestic violence
- Advance directives and living wills



22-39 years

SCREENING

Frequency of Visits

- One exam at least every 5 years or more frequently at physician's discretion

Screenings/Tests

- Height and weight; screen for obesity — calculate and record BMI (Body Mass Index); blood pressure; pelvic exam and clinical breast exam for females; clinical testicular exam for males; retinal exam for high-risk individuals with diabetes; tobacco exposure and use; diabetes screening as clinically indicated
- Total blood cholesterol: every 5 years
- Pap smear: annually or every 3 years after two consecutive normal tests in low-risk population (low-risk are women who have first sexual intercourse after age 18, first childbearing after age 21 and fewer than 3 sexual partners per lifetime)
- HPV (Human Papillomavirus): screening recommended for women age 30 and older in combination with Pap smear at physician's discretion (if negative, combination may be repeated in 3 years)
- Screening mammograms: every 1–2 years, at physician's discretion, for women ages 35–39; baseline screening at age 35
- Mammogram: for high-risk or symptomatic females under 35 years of age
- Chlamydia, gonorrhea and HIV: screenings for sexually active and high-risk individuals
- Hepatitis C: screening for high-risk individuals

- Tuberculosis: screening for high-risk individuals
- Rubella: screening for susceptibility in all females of childbearing age (screen by history of vaccination or serology)
- Blood sugar level: annual screening

Immunizations

- Td (Tetanus): one booster every 10 years
- Influenza: annually if at risk (examples — COPD, ASHD, cystic fibrosis, TB, bronchiectasis, silicosis, emphysema, chronic bronchitis, asthma, chronic respiratory disease, diabetes and/or health care workers)
- MMR (Measles, Mumps, Rubella): for individuals without proof of immunity
- Hepatitis A and B: for high-risk individuals
- Varicella (Chickenpox): assess immune status
- Pneumococcal: one-time dose for individuals at risk or re-vaccination for individuals at risk who were vaccinated more than five years ago

Eye Exams

- Dilated eye exam: every 10 years from ages 13 to 40 or annually for diabetics
- Glaucoma screening: every 3–5 years from ages 39–50 (or every 1–2 years if family history of glaucoma, or if you are African-American, take steroids or have had a serious eye injury in the past)

COUNSELING

Diet and Exercise

- Limit high-fat foods (especially saturated fat)
- Eat more high-fiber, iron-rich (females) and calcium-rich foods
- Limit sodium intake
- Eat more foods high in folic acid for females of childbearing age
- Participate in routine and frequent physical activity/exercise

Injury Prevention

- Use of safety belts, helmets and protective padding
- Avoiding violent behavior
- Smoke detectors
- Safety precautions when using household equipment

Dental Health

- Toothbrushing, flossing and regular dental visits

Substance Abuse

- Discourage use of alcohol, drugs and tobacco
- Promote cessation of alcohol, drug and tobacco use, if appropriate
- Dangers of driving and other activities while under the influence

Sexual Practices

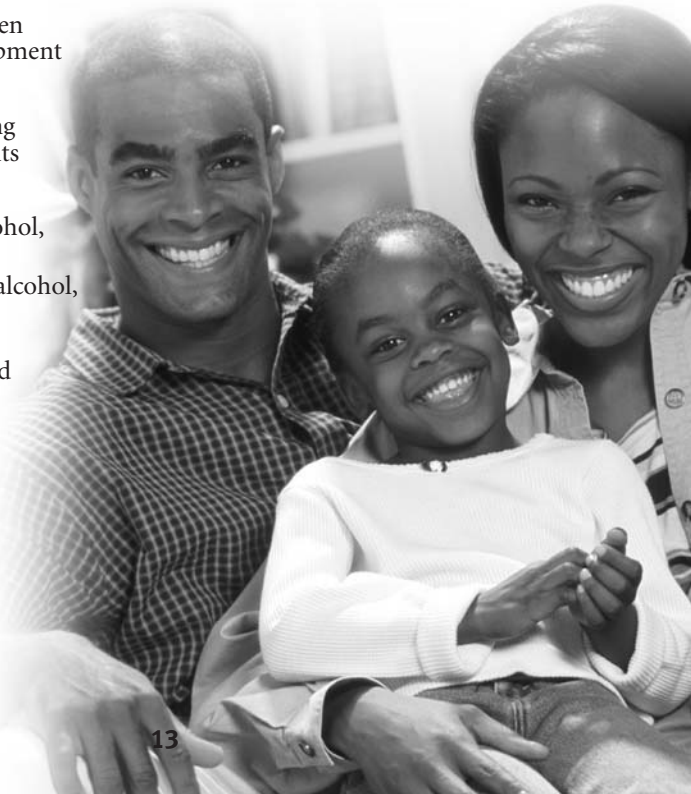
- Sexually transmitted disease, safe sexual practices, unintended pregnancy and contraception
- Sexual development and behavior
- Periodic counseling about effective contraceptive methods for all men and women at risk for unintended pregnancy

Cancer Prevention

- Breast self-exam instruction for females
- Testicular self-exam instruction for males

Other

- Dangers of sun exposure
- Counsel about domestic violence
- Advance directives and living wills



40-54 years

SCREENING

Frequency of Visits

- Annual exam

Screenings/Tests

- Height and weight; screen for obesity — calculate and record BMI (Body Mass Index); blood pressure; pelvic exam and clinical breast exam for females; clinical testicular exam for males; osteoporosis screening for women ages 45 and older; diabetes screening as clinically indicated; retinal exam for high-risk individuals with diabetes; tobacco exposure and use
- Total blood cholesterol: every 5 years
- Pap smear: annually or every 3 years after two consecutive normal tests in low-risk population (low-risk are women who have first sexual intercourse after age 18, first childbearing after age 21 and fewer than 3 sexual partners per lifetime)
- HPV (Human Papillomavirus): screening recommended for women age 30 and older in combination with Pap smear at physician's discretion (if negative, combination may be repeated in 3 years)
- Mammogram: annually from age 40
- Colorectal cancer: screening beginning at age 50 (earlier for high-risk individuals)
 - Colonoscopy: every 10 years, or
 - Flexible sigmoidoscopy: every 5 years, or
 - Fecal occult blood testing and flexible sigmoidoscopy: every 5 years, or
 - Double contrast barium enema: every 5 years, or
 - Fecal occult blood testing: annual screening
- Prostate screening: annually from the age of 50; annually from age 40 for African American males
- PSA (Prostate-Specific Antigen) testing at discretion of physician and patient: annually from the age of 50;

annually from age 40 for African American males

- Hepatitis C: screening for high-risk individuals
- Tuberculosis: screening for high-risk individuals
- Rubella: screening for susceptibility in all females of child-bearing age (screen by history of vaccination or serology)
- Blood sugar level: annual screening

Immunizations

- Td (Tetanus): one booster every 10 years, especially for patients 50 and older
- Influenza: annually from age 50 or if at risk (examples — COPD, ASHD, cystic fibrosis, TB, bronchiectasis, silicosis, emphysema, chronic bronchitis, asthma, chronic respiratory disease, diabetes and/or health care workers)
- MMR (Measles, Mumps, Rubella): for individuals without proof of immunity up to age 49
- Hepatitis A and B: for high-risk individuals
- Varicella (Chickenpox): assess immune status
- Pneumococcal: one-time dose for individuals at risk or re-vaccination for individuals at risk who were vaccinated more than five years ago

Eye Exams

- Dilated eye exam: every 2–4 years or annually for diabetics
- Glaucoma screening: every 3–5 years from ages 39–50 (or every 1–2 years if family history of glaucoma, or if you are age 50 or older, are African-American, take steroids or have had a serious eye injury in the past)

COUNSELING

Diet and Exercise

- Limit high-fat foods (especially saturated fat)
- Eat more high-fiber, iron-rich (females) and calcium-rich foods
- Limit sodium intake
- Participate in routine and frequent physical activity/exercise

Injury Prevention

- Use of safety belts, helmets and protective padding
- Avoiding violent behavior
- Smoke detectors
- Safety precautions when using household equipment

Dental Health

- Toothbrushing, flossing and regular dental visits

Substance Abuse

- Discourage use of alcohol, drugs and tobacco
- Promote cessation of alcohol, drug and tobacco use, if appropriate
- Dangers of driving and other activities while under the influence

Sexual Practices

- Sexually transmitted disease, safe sexual practices, unintended pregnancy and contraception
- Periodic counseling about effective contraceptive methods for all men and women at risk for unintended pregnancy

Cancer Prevention

- Breast self-exam instruction for females
- Testicular self-exam instruction for males

Other

- Dangers of sun exposure
- Peri/menopausal counseling regarding treatment and lifestyle modifications which may be available
- Osteoporosis and cardiovascular disease
- Counsel about domestic violence
- Advance directives and living wills

55-64 years

SCREENING

Frequency of Visits

- Annual exam

Screenings/Tests

- Height and weight; screen for obesity — calculate BMI (Body Mass Index); blood pressure; pelvic exam; clinical breast exam and osteoporosis screening for females; clinical testicular exam for males; diabetes screening as clinically indicated; retinal exam for high-risk individuals with diabetes; tobacco exposure and use
- Total blood cholesterol: every 5 years
- Pap smear: annually or every 3 years after two consecutive normal tests in low-risk population (low-risk are women who have first sexual intercourse after age 18, first childbearing after age 21 and fewer than 3 sexual partners per lifetime)
- HPV (Human Papillomavirus): screening recommended for women age 30 and older in combination with Pap smear at physician's discretion (if negative, combination may be repeated in 3 years)
- Mammogram: annually
- Colorectal cancer: screening beginning at age 50 (earlier for high-risk individuals)
 - Colonoscopy: every 10 years, or
 - Flexible sigmoidoscopy: every 5 years, or
 - Fecal occult blood testing and flexible sigmoidoscopy: every 5 years, or

- Double contrast barium enema: every 5 years, or
- Fecal occult blood testing: annual screening

- Prostate screening and PSA (Prostate-Specific Antigen) testing: annually at the discretion of the patient and physician
- Hepatitis C: screening for high-risk individuals
- Tuberculosis: screening for high-risk individuals
- Blood sugar level: annual screening

Immunizations

- Td (Tetanus): one booster every 10 years, especially for patients 50 and older
- Influenza: annually
- Hepatitis A and B: for high-risk individuals
- Varicella (Chickenpox): assess immune status
- Pneumococcal: one-time dose for individuals at risk or re-vaccination for individuals at risk who were vaccinated more than five years ago

Eye Exams

- Dilated eye exam every 2 years or annually for diabetics
- Glaucoma screening every 1–2 years

COUNSELING

Diet and Exercise

- Limit high-fat foods (especially saturated fat)
- Eat more high-fiber, iron-rich (females) and calcium-rich foods
- Limit sodium intake
- Participate in routine and frequent physical activity/exercise

Injury Prevention

- Use of safety belts, helmets and protective padding
- Avoiding violent behavior
- Smoke detectors
- Safety precautions when using household equipment

Dental Health

- Toothbrushing, flossing and regular dental visits

Substance Abuse

- Discourage use of alcohol, drugs and tobacco
- Promote cessation of alcohol, drug and tobacco use, if appropriate
- Dangers of driving and other activities while under the influence

Sexual Practices

- Sexually transmitted disease, safe sexual practices
- Sexuality during the aging process

Cancer Prevention

- Breast self-exam instruction for females
- Testicular self-exam instruction for males

Other

- Dangers of sun exposure
- Peri/menopausal counseling regarding treatment and lifestyle modifications which may be available
- Osteoporosis and cardiovascular disease
- Counsel about domestic violence
- Advance directives and living wills

65+ years

SCREENING

Frequency of Visits

- Annual exam

Screenings/Tests

- Height and weight; screen all adults for obesity — calculate BMI (Body Mass Index); blood pressure; cardiac auscultation; pelvic exam, clinical breast exam and osteoporosis screening for females; clinical testicular exam for males; diabetes screening as clinically indicated; retinal exam for high-risk individuals with diabetes; tobacco exposure and use
- Total blood cholesterol: every 5 years
- Pap smear: annually or every 3 years after two consecutive normal tests in low-risk population (low-risk are women who have first sexual intercourse after age 18, first childbearing after age 21 and fewer than 3 sexual partners per lifetime)
- HPV (Human Papillomavirus): screening recommended for women age 30 and older in combination with Pap smear at physician's discretion (if negative, combination may be repeated in 3 years)
- Mammogram: annually
- Colorectal cancer: screening beginning at age 50 (earlier for high-risk individuals)
 - Colonoscopy: every 10 years, or
 - Flexible sigmoidoscopy: every 5 years, or
 - Fecal occult blood testing and flexible sigmoidoscopy: every 5 years, or
 - Double contrast barium enema: every 5 years, or
- Fecal occult blood testing: annual screening
- Aortic Abdominal Aneurysm (AAA): one-time screening by ultrasonography recommended in men age 65–75 who have smoked (current and former smokers)
- Prostate screening and PSA (Prostate-Specific Antigen) testing: annually at the discretion of the patient and physician
- Hepatitis C: screening for high-risk individuals
- Tuberculosis: screening for high-risk individuals
- Blood sugar level: annual screening

Immunizations

- Td (Tetanus): one booster every 10 years, especially for patients 50 and older
- Influenza: annually
- MMR (Measles, Mumps, Rubella): for individuals without proof of immunity
- Hepatitis A and B: for high-risk individuals
- Varicella (Chickenpox): assess immune status
- Pneumococcal: one-time dose at age 65 or re-vaccination for individuals at risk who were vaccinated more than five years ago

Eye Exams

- Dilated eye exam every 2 years or annually for diabetics
- Glaucoma screening every 1–2 years

COUNSELING

Diet and Exercise

- Limit high-fat foods (especially saturated fat)
- Eat more high-fiber, iron-rich (females) and calcium-rich foods
- Limit sodium intake
- Participate in routine and frequent physical activity/exercise

Injury Prevention

- Use of safety belts, helmets and protective padding
- Avoiding violent behavior
- Smoke detectors
- Safety precautions when using household equipment

Dental Health

- Toothbrushing, flossing and regular dental visits

Substance Abuse

- Discourage use of alcohol, drugs and tobacco
- Promote cessation of alcohol, drug and tobacco use, if appropriate
- Dangers of driving and other activities while under the influence

Sexual Practices

- Sexually transmitted disease, safe sexual practices
- Sexuality during the aging process

Cancer Prevention

- Breast self-exam instruction for females
- Testicular self-exam instruction for males

Other

- Dangers of sun exposure
- Menopausal counseling regarding treatment and lifestyle modifications which may be available
- Osteoporosis and cardiovascular disease
- Counsel about domestic violence
- Advance directives and living wills



Maternity

SCREENING

Frequency of Visits

- Initial visit: as early in pregnancy as possible
- Routine visits: every 4–5 weeks through 28 weeks; every 2–3 weeks until 36 weeks; every week after 36 weeks

Each visit your doctor assesses:

- Your height, weight and blood pressure
- Your urine for glucose and protein
- Fetal heart rate (after 12 weeks) and baby's growth
- Signs and symptoms of depression
- Signs of bleeding, leakage or other problems

Screenings/Tests

First Trimester — 0–13 weeks

- Medical and pregnancy history
- Family and social history
- Psychiatric and substance abuse history, including pre-existing and recent onset depression
- Genetic risk assessment and birth defect counseling
- Screenings for hepatitis B surface antigen, blood type and Rh Factor Antibody
- Screenings for rubella, syphilis and HIV
- Lab work (hemoglobin and hematocrit, urinalysis, Pap smear)
- For high-risk patients: Tests for hepatitis A and C, diabetes, tuberculosis, sickle cell anemia and sexually transmitted diseases
- Screening for fetal abnormalities when medically necessary
- Urine culture at 12–16 weeks

Second Trimester — 14–26 weeks

- Alpha-fetoprotein screening (15–18 weeks)
- Glucose screening for gestational diabetes (approximately 24–28 weeks)
- Rh Factor Antibody screening (approximately 24–28 weeks)
- Your doctor may recommend an influenza shot during flu season

Third Trimester — 27–42 weeks

- Group B strep screening (35–37 weeks)
- Blood test (hemoglobin and hematocrit)
- Evaluation for sexually transmitted diseases
- Check fetal position
- HSV (Herpes Simplex Virus) counseling for exposed women with consideration of antiviral medication
- Your doctor may recommend an influenza shot during flu season

Postpartum

4–6 weeks after delivery (7–14 days may be encouraged after a C-section or complicated pregnancy)

- Complete physical exam
- Check for signs and symptoms of depression
- Nutritional counseling, including breast-feeding
- Preconceptional counseling

COUNSELING

Health

- Scope of care provided by your doctor(s), as well as anticipated schedule of visits
- Expected course of the pregnancy
- Childbirth classes
- Physical activity
- Signs and symptoms to report
- Signs of labor
- Anesthesia plans/analgesia plans
- Nutrition and healthy lifestyle
- Toxoplasmosis precautions
- Vaginal birth after C-section
- Depression
- Use of over-the-counter items, including herbal products

Injury Prevention

- Newborn car seat
- Environmental/work hazards

Substance Abuse

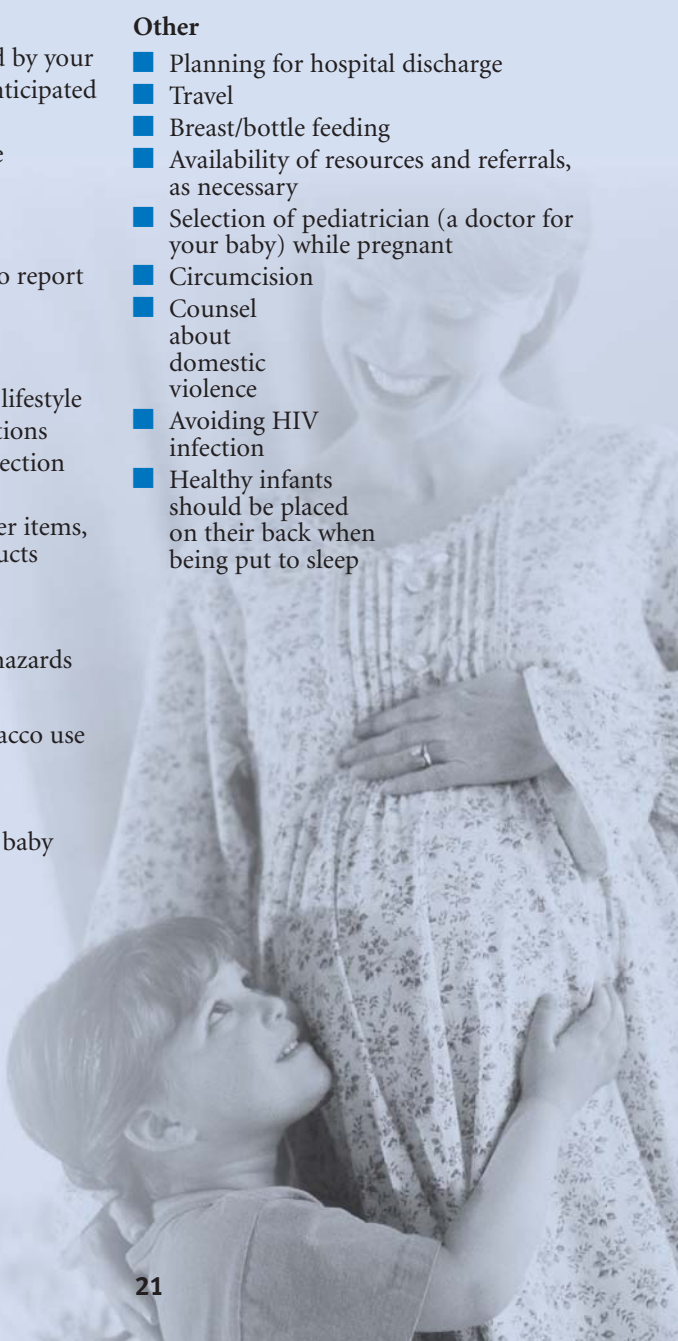
- Alcohol, drug and tobacco use

Sexual Practices

- Sexual activity
- Birth control after the baby is born
- Tubal sterilization

Other

- Planning for hospital discharge
- Travel
- Breast/bottle feeding
- Availability of resources and referrals, as necessary
- Selection of pediatrician (a doctor for your baby) while pregnant
- Circumcision
- Counsel about domestic violence
- Avoiding HIV infection
- Healthy infants should be placed on their back when being put to sleep





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